



**Montana Application for Certification as an
OPERATOR of A MUNICIPAL, INDUSTRIAL or ON-SITE
WASTEWATER TREATMENT SYSTEM**
(in accordance with Sections 37-42-101 through 37-42-322. MCA).

Rev/04/2013

MAIL WITH CORRECT FEES TO:

MT DEQ/WWOC
P.O. Box 200901
Helena, MT 59620-0901
Phone: (406) 444-4584

Application Fee - \$70 (Good for one year)

Exam Fees per exam:

1C - \$70	1D- \$70	-----
2C - \$70	2D- \$70	2E - \$70
3C - \$70	3D- \$70	3E - \$70
4C - \$70	4D- \$70	4E - \$70

Please leave blank - For office use only

Operator Status:

OPERATOR NUMBER

Temporary _____ Date _____
In Training _____ Date _____
Fully Certified _____ Date _____

Application Status:

Wastewater Application pd: _____ Emp? _____ Rcpt#: _____ Date: _____
Wastewater Examination pd: _____ Emp? _____ Rcpt#: _____ Date: _____
Reciprocity pd: _____ Emp? _____ Rcpt#: _____ Date: _____
Study Materials Sent on: _____ POC: _____

GENERAL INFORMATION:

Examinations are scheduled several times throughout the year for all classifications. Applicants can take an exam at one of the scheduled exam sites **OR** by appointment in one of our DEQ offices located in Billings, Helena or Kalispell. To make arrangements, call the Operator Certification Program at (406) 444-4584. Applications, fees, proof of citizenship and examination notices **MUST** be submitted at least **30 days** before the examination.

NAME: _____
Last First Middle Birth Date

HOME ADDRESS: _____
Street or P.O. Box City State Zip County

Home Phone Cell Phone Business Phone Business Fax# Business E-mail Address

WASTEWATER SYSTEM EMPLOYMENT: _____
System Name Your Supervisor's Name

Your Job Title MPDES/MGWPCS # System MAILING Address City ZIP County

OPERATOR CERTIFICATIONS PRESENTLY HELD, IF ANY: _____ OPERATOR #: _____

MAIL INFORMATION TO: ___ Home or ___ Work

PROOF OF CITIZENSHIP DOCUMENTATION: (Please indicate and provide a **copy** of one)

☐ BIRTH CERTIFICATE (Government issued)
☐ PASSPORT
☐ OTHER (Please specify, social security cards are NOT acceptable) _____

TYPE AND CLASSIFICATION OF CERTIFICATE(S) APPLIED FOR:

TYPE	CLASS				(Please leave blank - For office use only - Exam #)	
	1	2	3	4		
C Wastewater Treatment Plant Operator.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
D Industrial Wastewater Treatment Plant Operator.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
E On-Site Wastewater System Operator	--	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

IMPORTANT: *The information provided below will be crucial in determining if you will become an operator-in-training or a fully certified operator.*

SYSTEM GENERAL EXPERIENCE RECORD:

What year did you enter work in a WASTEWATER (WW) SYSTEM?		
Enter number of <u>years</u> WW experience in: <u>MUNICIPAL</u>	<u>INDUSTRIAL</u>	<u>ON-SITE</u>
1. Conventional/high rate activated sludge: _____	_____	_____
2. Biological nutrient removal: _____	_____	_____
3. Physical-chemical treatment: _____	_____	_____
4. Extended aeration: _____	_____	_____
5. Oxidation ditches: _____	_____	_____
6. Trickling filters: _____	_____	_____
7. Package plants: _____	_____	_____
8. Bio-discs: _____	_____	_____
9. Aerated lagoons: _____	_____	_____
10. Facultative lagoons: _____	_____	_____
11. Other: _____	_____	_____

SYSTEM DETAILED EXPERIENCE RECORD: Please list below your **wastewater system** work experience in detail. Begin with your present or last employment and continue in reverse time order. If you have held two or more positions for the same plant or different levels of responsibility or with different duties, list and describe them separately the same as though this had been for separate employers. If you need more space, fill out a blank sheet in the same form as that outlined below and attach it to the application.

System Name: _____ Owner Name: _____ MPDES # _____ Address: _____ City _____ State: _____ Zip: _____ Phone # _____ Job Title (Check one) <input type="checkbox"/> Superintendent <input type="checkbox"/> Chief Chemist <input type="checkbox"/> Asst. Supt. <input type="checkbox"/> Lab Tech. <input type="checkbox"/> Shift Spvr. <input type="checkbox"/> Mechanic <input type="checkbox"/> Operator <input type="checkbox"/> Electrician Other: _____	<u>EMPLOYMENT DATES</u> From To _____ Month and Year Month and Year Total _____ employed Years and Months Hours per week _____ <input type="checkbox"/> Full time <input type="checkbox"/> Part Time	<u>DETAILED DESCRIPTION OF DUTIES</u> (If work was of a supervisory nature, give number supervised) Specific Duties: _____ _____ _____ Reason for Leaving: _____ _____ _____
System Name: _____ Owner Name: _____ MPDES # _____ Address: _____ City _____ State: _____ Zip: _____ Phone # _____ Job Title (Check one) <input type="checkbox"/> Superintendent <input type="checkbox"/> Chief Chemist <input type="checkbox"/> Asst. Supt. <input type="checkbox"/> Lab Tech. <input type="checkbox"/> Shift Spvr. <input type="checkbox"/> Mechanic <input type="checkbox"/> Operator <input type="checkbox"/> Electrician Other: _____	<u>EMPLOYMENT DATES</u> From To _____ Month and Year Month and Year Total _____ employed Years and Months Hours per week _____ <input type="checkbox"/> Full time <input type="checkbox"/> Part Time	<u>DETAILED DESCRIPTION OF DUTIES</u> (If work was of a supervisory nature, give number supervised) Specific Duties: _____ _____ _____ Reason for Leaving: _____ _____ _____

System Name: _____ Owner Name: _____ MPDES # _____ Address: _____ City _____ State: _____ Zip: _____ Phone # _____ Job Title (Check one) ____ Superintendent ____ Chief Chemist ____ Asst. Supt. ____ Lab Tech. ____ Shift Spvr. ____ Mechanic ____ Operator ____ Electrician Other: _____	<p align="center"><u>EMPLOYMENT DATES</u></p> <div> From To </div> <div> ____ Month and Year ____ Month and Year </div> Total _____ employed Years and Months Hours per week _____ ____ Full time ____ Part Time	<p align="center"><u>DETAILED DESCRIPTION OF DUTIES</u></p> (If work was of a supervisory nature, give number supervised) Specific Duties: _____ _____ _____ Reason for Leaving: _____ _____ _____
System Name: _____ Owner Name: _____ MPDES # _____ Address: _____ City _____ State: _____ Zip: _____ Phone # _____ Job Title (Check one) ____ Superintendent ____ Chief Chemist ____ Asst. Supt. ____ Lab Tech. ____ Shift Spvr. ____ Mechanic ____ Operator ____ Electrician Other: _____	<p align="center"><u>EMPLOYMENT DATES</u></p> <div> From To </div> <div> ____ Month and Year ____ Month and Year </div> Total _____ employed Years and Months Hours per week _____ ____ Full time ____ Part Time	<p align="center"><u>DETAILED DESCRIPTION OF DUTIES</u></p> (If work was of a supervisory nature, give number supervised) Specific Duties: _____ _____ _____ Reason for Leaving: _____ _____ _____
System Name: _____ Owner Name: _____ MPDES # _____ Address: _____ City _____ State: _____ Zip: _____ Phone # _____ Job Title (Check one) ____ Superintendent ____ Chief Chemist ____ Asst. Supt. ____ Lab Tech. ____ Shift Spvr. ____ Mechanic ____ Operator ____ Electrician Other: _____	<p align="center"><u>EMPLOYMENT DATES</u></p> <div> From To </div> <div> ____ Month and Year ____ Month and Year </div> Total _____ employed Years and Months Hours per week _____ ____ Full time ____ Part Time	<p align="center"><u>DETAILED DESCRIPTION OF DUTIES</u></p> (If work was of a supervisory nature, give number supervised) Specific Duties: _____ _____ _____ Reason for Leaving: _____ _____ _____

PLEASE DESCRIBE THE SYSTEM PRESENTLY OPERATED: *(type of system, treatment, and population served - be specific):*

EDUCATIONAL REQUIREMENT: *All applicants for certification are required to have graduated from high school or hold a G.E.D. Certificate, unless the applicant submits a written application for a special exception from this requirement and the department grants the exception. Contact the certification office to receive a high school diploma waiver form.*

*Two days of education in post-secondary engineering training or the equivalent may be substituted for each day of experience up to 1/2 of the experience requirement described on the front of this application. **This education will not be considered unless the dates of completion and degrees earned are listed.***

HIGH SCHOOL DIPLOMA _____
Name and Location Year Graduated

or G.E.D CERTIFICATE _____
State Where Issued Date of Issue

or HIGH SCHOOL WAIVER _____
(DEQ employee's initials) (Date of Approval)

COLLEGE OR VO-TECH _____
Name and Location Major and Minor Curricula

Degree earned Date Quarters or Semesters Completed

OTHER COLLEGE OR VO-TECH _____
Name and Location Major and Minor Curricula

Degree earned Date Quarters or Semesters Completed

EMPLOYER NOTIFICATION *(Your employer will automatically be notified if they paid your application and examination fees. If your employer **DID NOT** pay, please check one):*

_____ Please notify my present employer of the results of my examination(s).

_____ DO NOT notify my present employer of the results of my examination(s).

CERTIFICATE OF APPLICANT: *(Important - Please read carefully before signing. Unsigned and undated applications will be invalidated or returned. All signatures must be notarized.)*

I agree to uphold the Montana Operator Code of Ethics which reads: "Using my best judgment and operating skills, I will always work, to protect the public health, to ensure good service, to protect public property and the environment, by applying my skills in operating water and wastewater system equipment, by properly and accurately completing required records, following and complying with state and federal rules and regulations, continuing my education in my field, and working with management to establish distinct and safe operating policies for the public utilities for which I am entrusted."

I swear under penalty of perjury that all information provided in this application submitted for certification is true. I understand that misstatement of material facts may result in forfeiture of all rights to certification in accordance with Section 37-42-101 through 37-42-322, MCA.

SIGNATURE _____ **DATE** _____
(Applicant's signature)

Signed before me this _____ **day of** _____, 20 _____

(SEAL)

NOTARY PUBLIC for the State of Montana
Residing at _____, **Montana**
My commission expires: _____